<u>L13000153592</u>

(Requestor's Name)	-					
(Address)	-					
(Address)	-					
(City/State/Zip/Phone #)	_					
PICK-UP WAIT MAIL						
(Business Entity Name)	_					
(Document Number)						
Certified Copies Certificates of Status	-					
Special Instructions to Filing Officer:	7					
	:					

Office Use Only



500280623345

01/27/16--01022--021 **25.00

16 JAN 27 PH 1:39

JAN 2 9 2016 Y SULKER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: January 26, 2016

Order#: 950500/021

Re: SC CYPRESS PR, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX ___ Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: _	SC CYPRESS PI	R, LLC		• · · · · · · · · · · · · · · · · · · ·		
2.	(a)	Attn: Robert Esposito Principal office address of limited liab (Note: MUST BE STREET AD 301 E. Las Olas Boulevard, 7th F	DRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Ft. Lauderdale, FL 33301						
		10/31/2013		L1	3000153592			
3.		Date of filing/registration in	Florida	4.	Document number			
_	(=)	Robert Esposito, c/o Stiles Corpora	etion.					
5.	(a)	Registered Agent and Registered Office show		e Florida Dept	t. of State:			
				•				
		301 E. Las Olas Boulevard, 7th Floor Registered Office Address (MUST BE FL		DDRESS)		.⊋ <u> </u>		
		<u> </u>						
		Ft. Lauderdale	, FL_	33301		JAN 27		
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or	r NEW Registered (Office address				
		1201 Hays Street				공원 3 연수 3		
		NEW Registered Office Address:						
		Tallahassee	, FL	32301				
th ag wa th	e cha ent v as/we e arti	imited liability company is not organizange or changes are made, the Florida swill be identical. Or, in the case of a Fere authorized by an affirmative vote of cless of creanization or the constitute of a rember or all vized representative of	street address of t lorida limited lial f the members of greement of the l	he registere bility compa the limited imited liabil	d office and the business on any, it is hereby confirmed liability company or as oth	ffice of the registered that the change(s) nerwise provided in		
I pr th to no	here. ovisi e obl mer otifie	by Except the appointment as registere ions of all statutes relative to the properties of my position as registered a dy reflect a change in the registered of all mitting of this change	d agent and agre er and complete p gent as provided ffice address, I h	performance for in Chap ereby confir	his capacity. I further agre t of my duties, and I am fan ster 605, F.S. Or, if this do m that the limited liability	ee to comply with the niliar with and accept cument is being filed company has been		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: SC CYPRESS P	R, LLC				
2.	(a)	Attn: Robert Esposito	_ (b)				
	()	Principal office address of limited liability company:	_ (0)	Mailing address of limite	ed liability c	ompan	y:
		(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POS			
		301 E. Las Olas Boulevard, 7th Floor	_		· -	·	
		Ft. Lauderdale, FL 33301		<u></u>			
		10/31/2013	L1300	0153592			
3.		Date of filing/registration in Florida	4.	Document number			
	(a)	Robert Esposito, c/o Stiles Corporation					
5.	(a)	Registered Agent and Registered Office shown on the records of the	he Florida Dent. of S	 State:			
		Registered Agent and Registered Office shown on the records of the	ic i forida Dept. of t	Juic.			
		301 E. Las Olas Boulevard, 7th Floor					
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)				
							
		Ft. Lauderdale , FL_	33301	<u></u>			
					97		
	(b)	Corporation Service Company			F	6	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office address:			JÁN	•
					~	Z	
		1201 Hays Street				27	jan rama
		NEW Registered Office Address:			m _G	70	773
		Negistered Office Address.			Fo		
					の 第 .	三	1
					@	ယ္အ	
		Tallahaana	22204		, aire		
		Tallahassee , FL_	32301	 ,			
the ag	e cha ent v as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of cranization or the law agreement of the l	the registered of bility company, f the limited liab	fice and the business o it is hereby confirmed ility company or as oth	ffice of the	ie regi hange	istered (s)
			Dona Priebe	e, Authorized Person			
_	Signat	ruge of a pember or a rized representative of a member		Printed or typed name	of signee		
I pr the to no	herei ovisi e obl mere tified	by Eucept the appointment as registered agent and agreeons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper address, I have the proper address of the writing of this charge	ee to act in this of performance of t I for in Chapter t ereby confirm th	capacity. I further agree ny duties, and I am fan 605, F.S. Or, if this do tat the limited liability	ee to comp niliar with cument is company	ply wi n and being has b	th the accept g filed een
Si	griatu	re of Agistered Agent Corporation Service Company	BY: Sylvia Q	ueppet, Asst. Vice Pr	resident		